ELECTRONIC MEDICAL DOCUMENT INTEROPERABILITY (EMDI)
DME eRx FHIR Workgroup Meeting Minutes

DATE:	09/24/2019	**TIME:**	3:00 PM – 4:00 PM ET
LOCATION:	Teleconference		
DIAL-IN #	+1 (408) 650-3123	**ACCESS CODE:**	451 749 677
CHAIR:	Nandini Ganguly (Scope Infotech)	**RECORDER:**	Briana Barnes (Scope Infotech)

Attendees

CMS	AA HOMECARE	APRIA	BRIGHTREE
Paula Smith	Kim Brummett	Kimberlie Rogers-Bower	Gary Bartlett
		Zane Schott	Kim Catts
BINSONS	**BRITKARE**	**COLONIAL MED**	**ECLINICAL WORKS**
Stephanie Legree	Josh Britten	David Bruinsma	Christina Oundjian
HOVEROUND	**MICROSOFT**	**NEWWAVE**	**PARACHUTE HEALTH**
Debra Silvers	Jim Fetters	Fola Soyoye	David Gelbard
ROCKY MOUNTAIN MEDICAL	**ROTECH**	**SPECTRUM MEDICAL**	**SUPERCARE HEALTH**
Kelli Ore	Miguel Perez	Meredith Ackerman	Paula Dahl
UNITED HEALTHCARE	**SCOPE INFOTECH**		
Anupam Goel	Pallavi Talekar		
	Ray Wilkerson		

Absentees

ADAPTHEALTH	AMERICAN COLLEGE OF SURGEONS	CLAIMSJUDGE	CONTRA COSTA HEALTH
Gwen Turner	Frank Opelka	John Bright	Troy Kaji
		Christina Fox	
		J. Michaels	
DME WORKS	**ELECTROMED**	**HOMECARE DELIVERED**	**LIBERTY MEDICAL SPECIALTIES**
Emil Di Motta	Kathryn Thompson	Sean Riley	David Chandler
	Stephanie Labelle		
MCKESSON	**MEDSTAR**	**MEDICAL SERVICE CO.**	**NATIONAL PARTNERSHIP FOR WOMEN & CHILDREN**
Bill Blanchfill	Peter Basch	Josh Marx	Erin Mackay
James Courtney		Michael McGill	

RESMED	THE VAN HALEM GROUP	SCOPE INFOTECH	
Ryan Burke	Wayne Van Halem	Bob Dieterle (SME)	
Larissa D'Andrea			
Robert Jarrin			
Rehana Nathwani			

MINUTES
1. Welcome a. Nandini Ganguly discussed the agenda for the workgroup- Connectathon Updates, Participant Success Stories from Colonial Medical Supplies and Brightree, Environmental Scan, and Next Steps.

MINUTES

2. HL7 September 2019 Connectathon Update

a. There were more than 40 different tracks with over 700 participants at the Health Level Seven (HL7) September 2019 Connectathon.

b. Jim Fetters (Microsoft), David Bruinsma (Colonial Med), Tom Bruinsma (Colonial Med), Gary Bartlett (Brightree), Rasiel Rodriguez (Brightree), Hiren Patel (Brightree), Nandini Ganguly (Scope Infotech), and Bob Dieterle (Subject Matter Expert of Scope Infotech) participated in the DME eRx track of the Connectathon.

c. The goal of the HL7 September 2019 Connectathon was to test the FHIR-based DME order and referrals and participate in hands on FHIR-based coding. The DME eRx track had three system roles that focused on the order creation system, the order receiving system, and the intermediary routing system. Colonial Med was able to 'create a working FHIR server capable of receiving a ServiceRequest FHIR bundle using a custom operation to populate related resources; and Brightree 'performed testing of an intermediary routing system to receive and route the order to the correct endpoint.'

d. David Bruinsma, the Chief Executive Officer (CEO) of Colonial Medical Supplies, discussed his experience participating in the DME eRx track of the Connectathon. David Bruinsma explained that this was his first time attending a Connectathon, but this Connectathon gave him an opportunity to speak with coders, developers, and other individuals that implemented the DME eRx reference implementation (i.e., MITRE with Document Requirement Lookup Service (DRLS) and using SQL resources to pre-populate questionnaires in the patient record). Colonial Med was able to build a FHIR server to receive requests. David Bruinsma utilized the Hapi FHIR server on GitHub and came across a challenge that he was able to resolve by fixing a minor typo. He noted that it was easy to incorporate the DME eRx reference implementation guide, since it was as simple as copying the reference implementation from GitHub to a local system. Another challenge was creating the custom end point to process the ServiceRequest, but he was able to use the example of the Da Vinci Project's prior authorization use case to overcome this challenge, since it was like receiving the ServiceRequest endpoint. David Bruinsma is not a programmer, but he said that it is not difficult to learn about FHIR, since there are many resources and tools for the initial setup of FHIR.

e. Gary Bartlett, the product manager of Brightree, discussed his experience participating in the DME eRx track of the Connectathon. It was also his first time attending the Connectathon, but he was able to create a prototype solution by working with a commercial FHIR server. Brightree was able to consume the custom code of the ServiceRequest into their system. Gary Bartlett noted that there are many personnel at the Connectathon that assist with running code. Participating in the DME eRx track was a good opportunity for Brightree to learn about the different FHIR specifications, especially the ServiceRequest FHIR bundle. Gary Bartlett was accompanied by members of Brightree's developers' team and it was noted that his team was limited with practical FHIR experience, before attending the Connectathon. Gary Bartlett stated that FHIR is 'straightforward' and that the REST based exchange with JSON body are easy to use for connectivity. Brightree utilized the Firely FHIR server and was able to send the code of the ServiceRequest bundle to an endpoint.

f. In conclusion, Brightree and Colonial Med were able to use their knowledge of JSON and XML to test and use FHIR resources.

g. The next HL7 Connectathon will be in February 2020 in Sydney, Australia with a possibility of having a virtual Connectathon in January 2020. Zane Schott explained that Apria's FHIR Interoperability group can host a FHIR server remotely via a webinar where others can connect to the server. This webinar will also include a phone line where developers can discuss FHIR connectivity, resource, and IGs. It was noted that it will be best to have a primary technologist to attend the virtual Connectathon with a maximum of a team of two members. An agenda can be created to outline the time of when the developers are supposed to connect. It will be ideal to have this virtual Connectathon on the weekends during 'off hours.' A virtual Connectathon can be a collaborative environment that assist with process improvements.

h. Bob Dieterle is still compiling the DME Order and HHA Referral FHIR IG.

3. Environmental Scan

a. Nandini Ganguly described the environmental scan which is a tool that helps organizations provide information of how they can align with the DME eRx pilots and the best ways that the EMDI team can support their pilot.

b. Many organizations use fax or electronic exchanges to submit or receive orders, missing documentation, and signatures. Other organizations use secure email, phone, or verbal for these submissions or receptions.

c. The format for document exchanges that are primarily used are Portable Document Formats (PDFs), text, HL7 standards (version 2, Consolidated Clinical Document Architecture (CCDA), FHIR, Clinical Decision Support (CDS) Hooks, and Electronic Health Record (EHR) specific Application Program Interface (APIs).

MINUTES

d. The overall interoperability goals that participants listed are to digitize fax-based pipeline; replace fax at some point; enhance provider-supplier relationship to help get patient what they need; simplify referral and order process; improve workflow to emphasize digital solutions; obtain secure and valid home equipment orders and exchange information for Home Medical Equipment (HME) patients, enable interoperability; complete CDS Hooks for document exchange and enhance API for additional workflows; and build additional integrations and add secure messaging.
e. Some of the support that the participants stated that they needed was for the EMDI team to provide requirements for a successful pilot and metrics to be measured, find healthcare partners, and to keep sharing information and education on interoperability/FHIR.

4. Round Table

a. Josh Britten believes that the DME eRx Workgroup may be too technical and that he does not have anything to offer to the workgroup; thus, he would like to be removed from the workgroup attendees list. Pallavi Talekar explained that the previous workgroup discussions were technical, since the EMDI team were preparing participants for the HL7 Connectathon, but all DME suppliers are encouraged to attend this workgroup. DME suppliers can also include their Health Information Technology (HIT) personnel in the workgroup to discuss the DME eRx pilots. The next DME eRx Workgroup will be a mix of technical and general discussions to cater to the broader attendees. Nandini Ganguly encouraged Josh Britton to contact the EMDI team via email for a one-on-one discussion about the DME eRx Workgroup and pilots.
b. David Gelbard stated that the DME eRx Workgroup seems to be focused on integration and the SMART on FHIR App, in which he believed that it would focus on transmitting a digitized order from the point of care (hospital/clinic) to the supplier. It was agreed that the workgroup is focused on the latter, but that the EMDI team is taking an incremental approach of writing the FHIR IG which will include guidance of implementing the order workflow and the prototype of the SMART on FHIR App.
c. David Gelbard explained that one issue is that data is being sent to the supplier without knowing if the order is qualified by the payer (health insurer) at the point of care. Pallavi Talekar explained the Document Requirement Lookup Service (DRLS) and that this is a different workgroup, but it overlaps with DME eRx. The SMART on FHIR App includes code for DRLS and DME eRx, which is beneficial when generating an order to see if the order satisfies all requirements needed when transmitted via FHIR. DRLS includes data elements for oxygen and Continuous Positive Airway Pressure (CPAP) templates. David Bruinsma explained DME eRx and DRLS in the app, like how a physician can launch the app from inside the EHR, and it can load the patient information regarding the order (i.e., utilizing the oxygen template), and pulls in all of the required data elements regarding oxygen into the ServiceRequest bundle.
d. David Gelbard asked about the supplier routing of the order and different products listed in one order. David Bruinsma explained the ServiceRequest bundle of the physician receiving the service request and rejecting the order at real time. He explained that the DME eRx Workgroup is not building a directory, but the DME eRx has a rule of engine, and checks and balances before pushing the request to their endpoint which can lessen human intervention.
e. David Gelbard asked about the complexity of the different suppliers having different payers, and if the prototype include this complexity of sending the orders to different payers. David Bruinsma explained the workflow that Colonial Medical was able to test with Brightree and noted that this workgroup is focused on the ServiceRequest bundle between the physician (provider) and the supplier.

5. Next Steps

a. Nandini Ganguly will provide updates of the DME Order and HHA Referral FHIR Implementation Guide, EMDI measures, and pilot requirements in the next DME eRx Workgroup.

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DECISIONS MADE

1. None.

RISKS

1. None discussed.

ISSUES

1. None noted.

AI#	ACTION ITEMS	RESPONSIBLE PERSON	DUE DATE
	None noted.		

* Action Item numbers are assigned from an internal-facing list and may not be sequential between meetings.

Next Meeting: Tuesday 10/22/2019, 3:00 PM ET